2015-07-13-05-00007088

STATEMENT OF **ORGANIZATION**

o¥ 12: 00

FORIVI 1			2015 JUL 13 PM 12. UU Office Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5		
CAMPATGN CO	MMITTEE F	TOR MARC FR	REEMAN		
ADDRESS (number and street) 3795 W BONNTON BEACH BLIVID					
(Check if address is changed)					
	BOYNTON IT	SEACH	STATE A ZIP CODE A		
COMMITTEE'S E-MAIL ADDRE	SS	,	·		
(Check if address is changed)	WIFMCDAOL	COM			
	Optional Second E-Mail A	ddress			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)				
2. DATE/	ALALAPA				
3. FEC IDENTIFICATION NUMBER ▶ C					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·		
I certify that I have examined t	his Statement and to the bes	st of my knowledge and belief	it is true, correct and complete.		
Type or Print Name of Treasure	ANTHONY C.	CARUSO, CPA			
Signature of Treasurer	andony C.	Caruso	Date $\begin{bmatrix} 0.7 \\ 0.7 \end{bmatrix}$ $\begin{bmatrix} 0.0 \\ 0.7 \end{bmatrix}$		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only	##	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	CCL CLIBIU I		

_		an a financial processing				
		OMMITTEE				
Car	ndidate	Committee:				
(a))	X	This committee is a principal campaign committee. ((Complete the candidate information loclow.))				
(p)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
•	Name of Candidate MARC, BENJAMIN, FREEMAN					
	didate y Affiliatio	Office Sought: House Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	ne off udidate					
Par	ty Con	nmittee:				
((di))		(National, State) (National, State) (Democratic, Republican, etc.) Party.				
Pol	itical A	ction Committee (PAC):				
((e))		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
((ff))		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. ((i.e., monconnected committee))				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Ildentify sponsor on line 6.))				
Joir	nt Func	Iraising Representative:				
· (g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
((th))		This committee collects contributions, pays fundraising expenses and disburses met proceeds for two or more political committees/organizations, mone of which is an authorized committee of a federal candidate.				
	Com	mittees Participating in Joint Fundraiser				
	1,	FEC ID number				
	2.					
	3.	FEC ID number				
	4.					

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FEC Form 1 (Povi	and 00/0000\	Page 2
FEC Form 1 (Revision Write or Type Committee N		Page 3
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
<u> </u>		
Mailing Address		
		L
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
7. Custodian of Records:	: lidentify by name, address ((phone number — optional)) and position of the p	person iin (possession of committee
د ام.	CILCI E 1.15.760	
	CHELE WELTER 13795 W BOYNTON BLACK BL	\
Mailing Address	13795 W BOYNTON BEACH BL	<u>:VIV: </u>
	BOYNTON BLACH. FI	B34361-1
Title or Position	CITY STATE	ZIP CODE
MANAGER	Telephone number	ــــا-لــــا
8. Treasurer: Liist the mam any designated agent (e	re and address ((phone mumber — optional)) of the treasurer of the committee .g., assistant treasurer).	;; and the mame and address of
Full Name of Treasurer	THONY C CARUSO	
Mailing Address	629 E. HILLSBORD BLVD	
		
	DEERFIELD BEACK STATE	1334H1-
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

FEC Form 1 (Revis	ed 02/2009)		Page 4	
Full Name of Designated Agent	· - - - - - - - - - - - - - - - - - - -			
Mailing Address				
	CWA	STVATTE	ZIP CODE	
Title or Position				
	Telepho	one number	.J+LJ-LJ	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits flunds, holds accounts, rents safety deposit boxes or maintains flunds. Name of Bank, Depository, etc. SEASIDE BANK Mailing Address List all banks or other depositories in which the committee deposits flunds, holds accounts, rents safety deposit boxes or maintains flunds. Name of Bank, Depository, etc.				
		<u> </u>		
	BOCA RATION		13:34:3:11-16:3641	
	CITY	STATIE	ZIP CODE	
Name of Bank, Depository	, etc.	 		
ſ.,			1	
<u></u>	 		 	
Mailing Address			- - - - - - - - - - 	
				

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2015 JUL 13 PM 12: 00

Federal Election Commission Washington, DC 20463 999 E Street, N.W.

ro Boulevard h, FL 33441 ACCOUNTANTS

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Other (Specify):	Date of Receipt or Postmarked			
PREPARER	7/13/15			
(3/2015)	DATE PREPARED			